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Attorney Docket No. 02504

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By Patricia Blackwell
certifier

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Alexandria, VA 22313-1450

In re application of:

Jeremy C. HOWARD et al.
Application Serial No. 10/700,940
Filed: November 4, 2003
FACE SHIELD ASSEMBLY
Allowed: October 19, 2005

Examiner: Rodney M. Lindsey
Art Unit: 3765

Confirmation No.: 5962

Sir:

Enclosed herewith are:

- X Completed PTOL-85
- X Issue fee relative to the above-identified application in the amount of \$1,400.00.
- X Fee for two (2) additional patent copies in the amount of \$6.00.
- X Publication Fee in the amount of \$30.00
- X "Fee Address Indication Form"
- X Acknowledgment postcard

PTO is authorized to charge any uncalculated fees or credit any overpayment to our Account No. 19-0120.

Respectfully submitted
SALTER & MICHAELSON

David M. Driscoll
Reg. No. 25,075



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PATENTS
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December 21, 2005

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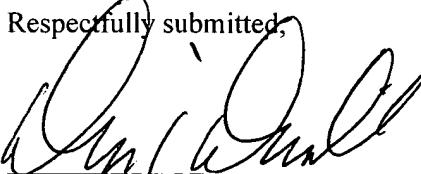
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in the following listed application(s) or patent(s) for which the issue fee has been paid.

PATENTEE	Patent Number	Serial Number	Patent Date	Filing Date
Jeremy C. HOWARD et al.		10/700,940		11/04/2003

(issue fee paid December 21, 2005)

Respectfully submitted,


David M. Driscoll
Reg. No. 25,075
Attorney of Record

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail**

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Patricia Blackwell	(Depositor's name)
<i>Patricia Blackwell</i>	(Signature)
Dec 21, 2005	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/700,940	11/04/2003	Jeremy C. Howard	02504	5962

TITLE OF INVENTION: FACE SHIELD ASSEMBLY

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	01/19/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
LINDSEY, RODNEY M	3765	002-009000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1 <u>Salter & Michaelson</u>
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.		2 _____
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Bacou-Dalloz Eye & Face Protection, Inc.

Smithfield, Rhode Island

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Patricia Blackwell

Date Dec. 21, 2005

Typed or printed name David M. Driscoll

Registration No. 25,075

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